

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/428 528

FILING DATE

10-02-99

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		2					59						
10		2					60						
11	1						61						
12		1					62						
13		2					63						
14		1					64						
15	1						65						
16		1					66						
17		2					67						
18		2					68						
19		2					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25	1						75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36	1						86						
37		1					87						
38		2					88						
39		2					89						
40	1						90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48	1						98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	49						TOTAL DEP.						
TOTAL CLAIMS	56						TOTAL CLAIMS						

Best Available Copy